

2104

Dr. Hartman

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUSARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 262

Registrar's No. 40

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location 44 So. Vineyard  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution home; In Community 56 yrs.; In Arizona 56 yrs.  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Mesa  
(If outside city limits also write RURAL)  
(d) Street No. 44 So. Vineyard (e) Citizen of foreign country (Yes or No) No  
(f) If Yes, which country? None (g) Social Security No. None

3. (a) FULL NAME Annie Eliza Allen (b) If Veteran name war None

4. Sex Female 5. Race White ☒ Indian ☐ Negro ☐ ☐ Oriental ☐  
6. (b) Name of husband or wife Widow 6. (c) Age of husband or wife, if alive None yrs.

7. Birthdate of deceased Nov. 10, 1869  
(Month) (Day) (Year)  
8. AGE: Years 75 Months 6 Days 14 If less than one day  
hrs. min.

9. Birthplace Newhope, Tenn.  
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business at home

12. Name James Allen Jones  
13. Birthplace Tenn.  
(City, town or county) (State or Country)

14. Maiden Name Minerva Lawson  
15. Birthplace Tenn.  
(City, town or county) (State or Country)

16. (a) Informant's own signature B. J. Allen  
(b) Address Prescott, Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Mesa, Ariz. (c) Date 5-26-45

18. (a) Embalmer's Signature W. Daybell  
(b) Funeral Director Meldrum Mortuary  
(c) Address Mesa, Arizona

19. (a) 5-31-45  
(Date received Local Registrar)  
(b) Jan Meldrum  
(Registrar's Signature)

40M-100% Reg-6-10-44

## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 24, 1945  
TIME (Hour and minute) 7 P. M.

21. I hereby certify that I attended the deceased from May 23, 1945 to May 24, 1945  
that I last saw her alive on May 24, 1945  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Occlusion  
Arterio-sclerosis  
Other conditions Senility  
(Include pregnancy within three months of death)  
Major findings:  
Of operations:  
Of autopsy:

## DURATION

## PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Dr. W. J. Hartman M. D.  
Address Mesa, Ariz. Date signed 5-29-45